

Here's Looking At Us...

ALCOHOLISM AND FEDERAL WORKERS

The problem
The policy
The program



BUILDING
ASSOCIATION



Here's Looking At Us...



According to recent estimates, there are 9 million people with drinking problems in the United States—about 112,000 to 224,000 in civilian jobs with the Federal Government, if our figures square with private industry's.

If your idea of someone with an alcohol problem is a Skid Row character with a bottle in a paper bag, you're probably wondering where these 9 million people are. The fact is, more than 95% of the victims of alcoholism are not on Skid Row; in the early and middle stages of the disease, they hold down jobs or are housewives, and in most outward appearances lead a normal life.

People with drinking problems work at all levels in Government—from the lab to the lunchroom, from blue collar to blue carpetland. The early symptoms of their alcoholism are disarmingly subtle, but sooner or later they show up on the job. That woman in personnel who's a crab in the morning and happy as a clam in the afternoon may just not be a "morning person." Or she may have a problem with alcohol. Then there's the man in the machine shop who's often literally asleep on the job. And the supervisor you'd better get a decision from in the morning, because he'll never give you one in the afternoon. And that cute secretary who's usually not in on Monday mornings. Sometimes it's a group problem, like the pay day lunch bunch who never make it back to the office. Or the "Thank God It's Friday" group who go out to celebrate on the way home and stretch it out until early Saturday morning.

Since alcoholism affects one in fifteen people who drink, the chances are that someone with a drinking problem works near you. Maybe behind your desk.





Some Sobering Statistics . . .

People with drinking problems are expensive employees—in terms of absenteeism, poor workmanship and costly errors in judgment. Federal employees are no exception. A 1970 study by the Government Accounting Office estimated that, in terms of payroll losses alone, alcoholism costs the Government from 275 million to 550 million dollars a year.*

Alcoholic employees are often very valuable employees. Because alcoholism is a progressive illness, it often doesn't become a real problem on the job until after an employee has been working for several years. By this time, his value, in training and experience, is just being realized. Unless he is rehabilitated, all that potential is wasted.

A Matter of Dollars and Sense . . .

To help its employees help themselves, and to reduce the losses chalked up to alcoholism every year, the Government has implemented the Federal Civilian Employee Alcoholism Program. Although it may seem somewhat cold-blooded to discuss a chronic and sometimes fatal illness in terms of dollars and cents, the fact that the alcoholism program makes good sense financially gives added assurance that it will receive continuous long range support from agency managers. The Alcoholism Program is not a "bleeding heart" operation made up of nothing more than good intentions. It has built-in strength because the stakes are high for both employer and employee. For the Federal Government, the projected cost savings of \$135 million to \$280 million a year are a powerful incentive to action. And for employees with drinking problems, who are offered a chance for help as an alternative to the ultimate possibility of losing their jobs, the program is tough enough to have a real chance of success.

* This figure is based on an alcoholism rate of from 4% to 8% and on the basis of a 25% salary loss. Many authorities feel the 25% salary loss is a conservative figure.

"Another Sarsaparilla!"



Attitudes About Alcohol

One of the difficulties with recognizing an alcohol problem is that moderate drinking is acceptable social behavior. When more than 60% of American women and nearly 80% of American men are drinkers, it's easy to hide the beginning of a drinking problem from your friends. And from yourself.

American attitudes about alcohol are complicated and contradictory. Social drinking is not only acceptable but terribly sophisticated, according to full-color magazine ads showing rich, beautiful and happy people socializing over martinis, champagne or whatever the ad is promoting. It's supposed to be manly, as well: witness the classic cowboy scene where Our Hero tosses down straight whiskey, while the dude who orders sarsaparilla gets laughed at.

Some people think of alcohol as a magic formula. It cheers you up; it calms you down; it helps you get to sleep; it's an "eye-opener;" it gives you the courage to face the boss; it makes problems disappear; and in social situations it makes you feel you're the world's most fascinating conversationalist.

And when you've had too much to drink, a lot of people think you're funny. (Except maybe your husband. Or your wife. Or your children.) How many comedians and manufacturers of bar lamps do you suppose have cashed in on the image of the drunk hanging on a lamp post? And have you ever noticed how many greeting cards urge you to go out and get smashed on your birthday?

Of course, some people don't think you're funny; they think you're weak-minded. Or immoral. According to them, if you'd just make up your mind not to drink so much, you could shape up tomorrow. If you only had a little will power. (Poor you. Lucky them.)

Conflicting social and moral attitudes about drinking make it difficult to see alcoholism clearly as a disease. The person who has lost control over drinking—however funny, sophisticated or infuriating he may be—is ill. Recognizing alcoholism as an illness is the cornerstone of the Federal Alcoholism Program. This means recognition everywhere, not just behind the doors of the medical unit. Cutting through the mystique, removing the stigma surrounding alcoholism, is vital to open communication, from top management all along the line. When the illness is spoken of frankly as such, the need for treatment, rather than arbitrary separation or moral lectures, is apparent.



The Policy on Drinking Problems

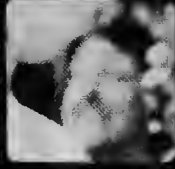
As far as the Government is concerned, your decision to drink or not to drink is your personal business. However, when your use of alcohol interferes, directly or indirectly, with your work, your agency will take action in the form of nondisciplinary procedures aimed at rehabilitation. If acceptable work performance doesn't come about, the agency's regular disciplinary procedures will be used.

Alcoholism is a treatable illness. If you have a problem with alcohol, you will receive the same consideration and offer of assistance which you would receive with any illness. Medical records involving your drinking problem will be kept in the same confidence as any other medical records. Sick leave will be granted for rehabilitation and treatment.

As with any other illness, the emphasis is on prevention and early identification. You are encouraged, if you feel you may be in the early stages of an alcohol problem, to contact your agency coordinator for counseling and information on a confidential basis.

You cannot be denied employment solely on the grounds of prior drinking problems. Job security or opportunities for promotion can't be jeopardized by your asking for counseling or referral assistance. (Some sensitive positions are excluded, among them positions with the Central Intelligence Agency, the Federal Bureau of Investigation and the National Security Agency.)

The Government policy on alcoholism has been spelled out in detail in the Federal Personnel Manual.



How Agency Programs Work

Federal agencies and departments operate their own programs and services for the prevention and treatment of alcoholism among civilian employees. Although all programs are set up under general Civil Service Commission guidelines, they vary a good deal, depending upon particular agencies' organization and needs. For example: the programs at installations where there are medical units operate differently from ones where medical facilities are non-existent. And programs in agencies where large numbers of employees belong to labor unions will include participation on the part of the unions.



Who Does What?

Although the programs do vary considerably, the following step-by-step description may give you a general idea of how the procedure works.

1. If you have a drinking problem, sooner or later your supervisor* will notice that your work performance and attendance record are falling off. The problem might show up in decreased efficiency, a high number of unscheduled days off or behavior which causes poor morale among the people you work with—just to name a few specific possibilities.

2. **It is not the supervisor's responsibility to diagnose your problem, but only to document deteriorating work performance, and proceed on the basis of what he sees.** At the same time, it is his responsibility not to cover up or ignore your shortcomings on the job.

3. At this point, it's up to you. You may accept help in identifying and treating your problem or you can try to improve your performance without outside help. If you do show improvement, the supervisor will go no further.

4. If you decide that counseling would help, your supervisor will put you in touch with the person in your installation who has been designated as the contact point for people with possible drinking problems.

5. A period of evaluation will follow. It is difficult to be specific about what steps are involved in this period, because the resources vary so greatly from one location to another. If you work where there is a medical unit, or if there is one at a cooperating agency nearby, those facilities will be used. Or you may talk with a private doctor. Some agencies have counselors available among their own employees, and some arrange for counseling to take place at community facilities.

The aim of the evaluation period, regardless of the resources used, is to help you decide whether or not you have a problem with alcohol and what you can do about it.

6. If alcohol is your problem, you will be referred to places in your community which specialize in helping people with drinking problems. If you need hospitalization, or other treatment which means you must take leave, sick leave will be granted. You are responsible for the costs of treating your problem, as you are for any illness. Your Federal Employees Health Benefits Plan may help to cover the costs and you may be eligible for some help from VA facilities if you are a veteran.

If hospitalization is not necessary, you will be referred to one of the following: a local chapter of Alcoholics Anonymous, an alcoholism information center sponsored by organizations like the National Council on Alcoholism, a private physician who is interested in working with alcoholics, clinics run by State or local governments, or other independent organizations.

7. The long range prospects for keeping your job still depend on improving and maintaining your job performance. Although the program's emphasis is on rehabilitation, you will be subject to the normal disciplinary procedures in your agency if you don't show improvement on the job. In some instances, the ultimate result is separation; in certain medically indicated cases, disability retirement is recommended.

The message, in a nutshell, is this: problem drinking is either an illness or a symptom of an illness. If you do have a drinking problem, it is Government policy to help you rehabilitate yourself. However, if you are not able to recover to the point where you are able to do your work, separation or premature retirement are very real alternatives.

As one alcoholic rehabilitation specialist in private industry has said, "The company can only help you as long as you work for the company." That goes for the Government as well.

* The supervisor in this procedure is described as a non-alcoholic male for brevity's sake. This is not to imply that supervisors are never afflicted with alcoholism, for they are! We can assume that all supervisors are in turn supervised by higher level supervisors, whose responsibility to subordinates is the same at all levels in an organization. All supervisors are not male, and some supervisors have drinking problems. Alcoholism is an Equal Opportunity Employer.

An Ounce of Prevention. . . .



Prevention is an important part of the alcoholism program. The earlier you realize that you may be drifting into drinking patterns which mean eventual real trouble with alcohol, the better your chances are for licking the problem.

On the opposite page are some questions which can give you an idea of the shape and direction of your drinking. They're no substitute for a professional evaluation, but answering them thoughtfully and honestly can give you an idea of whether you might be working yourself into a problem.

If you want to learn more about alcoholism, you can contact your agency's program coordinator. If you don't know who has that responsibility, you can find out through the personnel office.

Some other sources of information and help are listed below.

Publications:

- Alcohol: Some Questions and Answers
National Institute on Alcohol Abuse and Alcoholism. (pamphlet) Available at the Government Printing Office. 15 cents per copy.
- Alcohol and Health:
A Special Report to the Congress from the Secretary of Health, Education and Welfare. Available at GPO \$1.50
- Alcoholics Anonymous:
(A.A. members) (book) Alcoholics Anonymous World Services, Inc.
- New Primer on Alcoholism:
Marty Mann (book) Holt, Rinehart and Winston
- Marty Mann Answers Your Questions about Drinking and Alcoholism
Marty Mann (book) Holt, Rinehart and Winston
- Manual on Alcoholism:
American Medical Association
- Understanding Alcoholism:
Christopher D. Smithers, Foundation. (book) Charles Scribner's Sons
- The Drinking Game and How to Beat It
Anonymous (book) Simon and Schuster

Organizations:

Alcoholics Anonymous:

Many chapters throughout the country and abroad. You can get information about where your nearest meeting is by calling AA number listed in the phone book.

National Council on Alcoholism:

Local chapters are listed in phone book. There are also State and local government programs.



WHAT KIND OF DRINKER ARE YOU?

Do you think and talk about drinking often?

Do you drink more now than you used to?

Do you sometimes gulp drinks?

Do you often take a drink to help you relax?

Do you drink when you are alone?

Do you sometimes forget what happened while you were drinking?

Do you keep a bottle hidden somewhere—at home or at work—for quick pick-me-ups?

Do you need a drink to have fun?

Do you ever just start drinking without really thinking about it?

Do you drink in the morning to relieve a hang-over?

If you answered "yes" to any of these questions, you may want to do some serious thinking about the way you use alcohol.



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